

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	ITW 13127
		First Named Inventor	Bogner et al.
COMPLETE IF KNOWN			
		Application Number	/
		Filing Date	January 22, 2002
		Art Unit	
		Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STORAGE COMPARTMENT FOR STORING WELDING-TYPE ACCESSORIES

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number OR Correspondence address below
 or Bar Code Label 

25994

PATENT TRADEMARK OFFICE

Name

Address

City

State

ZIP

Country

Telephone (608) 257-9521

Fax (608) 283-1709

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U S C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

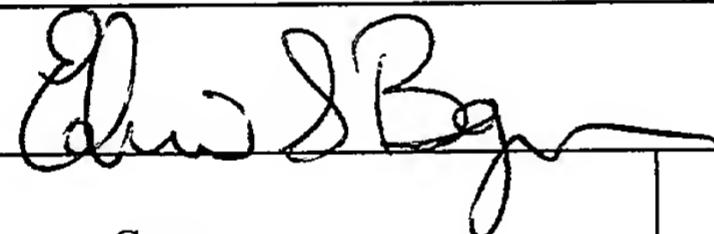
Given Name
(first and middle [if any])

Edwin

Family Name
or Surname

Bogner

Inventor's
Signature



Date 01/21/02

Residence: City

Corona

State

California

Country

USA

USA

Citizenship

Mailing Address

1437 Pochard Circle

City

Corona

State

California

Country

ZIP

92882

USA

Country

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Michael A.

Family Name
or Surname

Sammons

Inventor's
Signature



Date 01/16/02

Residence: City

Appleton

State

Wisconsin

Country

USA

USA

Citizenship

Mailing Address

1917 North Eugene Street

City

Appleton

State

Wisconsin

Country

ZIP

54914 USA

Country

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

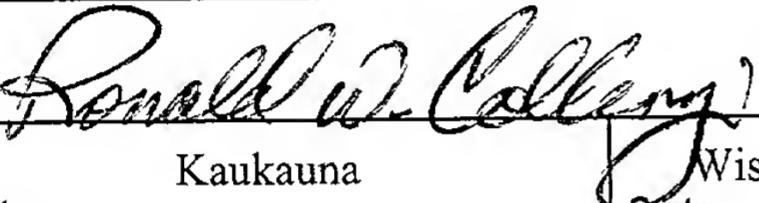
Approved for use through 10/31/2002 OMB 0651-0032

U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Ronald W.		Colling	
Inventor's Signature			
Residence: City	Kaukauna	State	Wisconsin
		Country	USA
Citizenship	USA		
Mailing Address	1809 Vandenberg Lane		
Mailing Address			
City	Kaukauna	State	Wisconsin
ZIP	54130	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature			
Residence: City		State	Country
			Citizenship
Mailing Address			
Mailing Address			
City		State	ZIP
Country			
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature			
Residence: City		State	Country
			Citizenship
Mailing Address			
Mailing Address			
City		State	ZIP
Country			

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	January 22, 2002
First Named Inventor	Bogner et al.
Title	STORAGE COMPARTMENT FOR STORING WELDING-TYPE ACCESSORIES
Group Art Unit	
Examiner Name	
Attorney Docket Number	ITW 13127

I hereby appoint:

Practitioners at Customer Number

25994

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number U.S. PATENT AND TRADEMARK OFFICE

25994

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

(608) 257-9521

Fax

(608) 283-1709

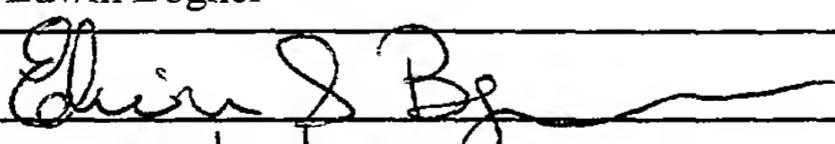
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Edwin Bogner
Signature	
Date	01/21/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 3 forms are submitted.

Burden Hour Statement This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	January 22, 2002
First Named Inventor	Bogner et al.
Title	STORAGE COMPARTMENT FOR STORING WELDING-TYPE ACCESSORIES
Group Art Unit	
Examiner Name	
Attorney Docket Number	ITW 13127

I hereby appoint:

Practitioners at Customer Number

25994

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number
	25994 PATENT TRADEMARK OFFICE

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

25994

Place Customer
Number Bar Code
Label here

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

(608) 257-9521

Fax (608) 283-1709

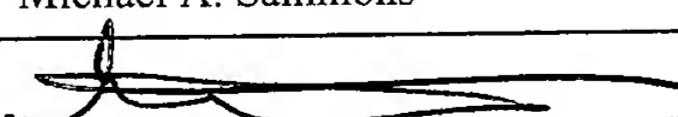
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael A. Sammons
Signature	
Date	01/16/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 3 forms are submitted.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	January 22, 2002
First Named Inventor	Bogner et al.
Title	STORAGE COMPARTMENT FOR STORING WELDING-TYPE ACCESSORIES
Group Art Unit	
Examiner Name	
Attorney Docket Number	ITW 13127

I hereby appoint:

Practitioners at Customer Number

25994



OR

Practitioner(s) named below:

Name	25994	Application Number
		PATENT TRADEMARK OFFICE

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

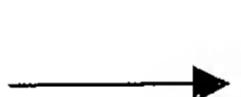
Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

(Customer Number)



Place Customer
Number Bar Code
Label here

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

(608) 257-9521

Fax

(608) 283-1709

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Ronald W. Colling
Signature	
Date	1/14/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 3 forms are submitted.